



SIGN INSTALLATION PERMIT (For Billboards Only)

Supplemental Information

LOCATION CHARACTERISTICS

Street R.O.W. Width _____ Separation From Other Billboards _____ ft.

Setback From Residential or Institutional Zoning: _____

Side Lot Lines _____ (200' min.)

Rear Lot Lines _____ (60' min.)

Historic District or Site Within 500' ☐ Yes ☐ No

Public Park Within 500' ☐ Yes ☐ No

Greenway within 120' ☐ Yes ☐ No

TYPE OF GRAPHIC

Ground _____ Back-To-Back _____

Wall _____ One Way _____

Building Height _____ Movement OR Appearance of Movement ☐ Yes ☐ No

Distance Blockage _____ Exposed Structure Enclosed ☐ Yes ☐ N/A

SIGN OWNER INFORMATION

This permit is granted on the express condition that the said work shall, in all respects, conform to the ordinances of the City of Columbus and all laws of the State regulating the construction, installing, repair and alteration, and may be revoked at any time upon violation of any provisions of said laws.

Company Name _____ Representative _____

Address _____ City/State _____ Zip _____

PROPERTY OWNER AFFIDAVIT

State of _____ ss:

County of _____

The undersigned, after being first duly cautioned and sworn, states that he/she is the owner of the subject property, that he/she have read the foregoing application, and have granted on _____, in the year of _____, an exclusive lease of said property to the applicant for the purpose of erecting and maintaining an off-premise graphic structure.

Name _____ Signature _____

Sworn to before me and subscribed in my presence this _____ day of _____, in the year of _____

Notary Public _____ My Commission Expires _____

CERTIFICATE OF ZONING COMPLIANCE

The license holder must certify compliance by signing the affirmation below and providing the required information on the attached form. The information provided herein is true and correct to the best of my knowledge. The proposed graphic will be erected in accordance with the provisions of the City of Columbus Graphics Codes.

Signature of Licensed Sign Erector _____ License # _____

Name _____ Company _____

Address _____ City/State _____ Zip Code _____

Telephone _____ Date _____